



# LINCOLN POLICE DEPARTMENT

---

## Town of Lincoln Police Officer

The Town of Lincoln is currently seeking candidates to establish a list for the position of Police Officer. All previous applicants must reapply.

**Salary Range:** \$39,987 to \$59,397 annually.

**Applicants must meet the following requirements:**

- High School graduate or equivalency;
- Must pass physical, written, and psychological exams;
- Must possess a valid drivers' license;
- Must serve a one (1) year probationary period.

**Copies of the following must be submitted with completed applications:**

- Birth certificate;
- Valid drivers' license;
- Copy of high school diploma, GED certificate, or college degree.

Completed applications **must be returned** to the Director of Personnel, Lincoln Town Hall, 100 Old River Road, Lincoln, RI.

**Applications and Physical Fitness Standards are available at the Town Hall or on this website, [www.lincolnri.org](http://www.lincolnri.org).**

The Town of Lincoln does not discriminate on the basis of race, color, national origin, sex, religion, age or disability.

*AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER*

# Town of Lincoln

100 OLD RIVER ROAD

P.O. BOX 100

LINCOLN, RHODE ISLAND 02865

TEL (401) 333-1111

FAX (401) 334-4244

BRIAN W. SULLIVAN

CHIEF OF POLICE

## POLICE DEPARTMENT

### General Authorization for Release of Information

I, \_\_\_\_\_ do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to duly authorized agents of the Lincoln Police Department, whether the said records are of public, private, or confidential nature.

The intent of the authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies, including credit reports and ratings; medical and psychiatric treatment and consultation, including hospitals, clinics, private practitioners; the U.S. Veteran's Administration; the United States military; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; housing records; real and personal property tax statements and records; other financial statements and records wherever filed; records of complaints, arrest trial and/or convictions for alleged or actual violations of law, including criminal, and/or traffic records, records of complaints in any civil proceeding made in any case in which I presently have, or have had any interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data and /or information for the Lincoln Police Department to consider in determining my suitability for employment by that department.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part pursuant to this release authorization will be considered in determining my suitability for employment by the Lincoln Police Department. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this *Authorization for Release of Information*. I consider a copy of the *Authorization for Release of Information* to be as valid as the original even though a copy does not have my original signature.

I hereby release to the Lincoln Police Department and its agents and anyone who gives written or oral information about me to the Lincoln Police Department from any claims of liability or damages which may occur as a result of the background investigation. This release of liability also extends to my heirs executors, assigns and representatives.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_

Witness: \_\_\_\_\_

**WAIVER AUTHORIZATION**

I hereby direct and authorize the Lincoln Police Department to obtain from the Bureau of Criminal Identification of the Department of the Attorney General for the State of Rhode Island, and criminal record that the Bureau of Criminal Identification has on file in reference to me. I further authorize the Lincoln Police Department to release this information to the following company, firm, or individual.

Company Name        Town of Lincoln  
Address                100 Old River Road, Lincoln, RI 02865  
Attention              Joanne McManus, Personnel Director

I hereby waive and release any and all manner of actions, and demands of every kind, nature, and description, arising from any release of criminal records and requests therefore, whatsoever, against the State of Rhode Island, Bureau of Criminal Investigation, the Attorney General, the employees of the Attorney General's office, the Town of Lincoln, the Lincoln Police Department, and the employees of the Lincoln Police Department, in both law and equity which I may now have or in the future may have.

\_\_\_\_\_  
Signature of Applicant

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

How long at this address? \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

How long at this address? \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

How long at this address? \_\_\_\_\_

Notary Public Information:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

# Town of Lincoln

100 OLD RIVER ROAD

P.O. BOX 100

LINCOLN, RHODE ISLAND 02865

TEL (401) 333-1111

FAX (401) 334-4244

BRIAN W. SULLIVAN

CHIEF OF POLICE

## POLICE DEPARTMENT

### Mental Health

### Authorization for Release of Information

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to duly authorized agents of the Lincoln Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records from \_\_\_\_\_ regarding medical and psychiatric treatment and consultation, including records of hospitals, clinics and private practitioners operating within or in association with said \_\_\_\_\_.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data and/or information of the Lincoln Police Department to consider in determining my suitability for employment by that department.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, pursuant to this release authorization will be considered in determining my suitability for employment by the Lincoln Police Department. I have had explained to me, and I fully understand, that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this *Authorization for Release of Information*. I consider a copy of the *Authorization for Release of Information* to be as valid as the original even though a copy does not have my original signature.

I hereby release to the Lincoln Police Department and its agents and anyone who gives written or oral information about me to the Lincoln Police Department from any claims of liability or damages which may occur as a result of the background investigation. This release of liability also extends to my heirs, executors, assigns and representatives.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ So. Sec. Number \_\_\_\_\_

Witness: \_\_\_\_\_

# Town of Lincoln

100 OLD RIVER ROAD

P.O. BOX 100

LINCOLN, RHODE ISLAND 02865

TEL (401) 333-1111

FAX (401) 334-4244

BRIAN W. SULLIVAN

CHIEF OF POLICE

## POLICE DEPARTMENT

Dear Physician:

The following named individual has submitted an application to become a Police Officer with the  
**LINCOLN POLICE** Department.

(name of department)

Candidate Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_ State: \_\_\_\_\_

The **LINCOLN** Police Department and the Rhode Island Department of Public Safety/Municipal Police Training Academy (RIDPS/MPTA) requires each candidate to bring a completed Physical Fitness Test Certificate to the Physical Fitness Test before he/she will be allowed to participate in the test. A statement must be obtained from a licensed physician that the candidate is of sufficient physical conditioning to undergo a Physical Fitness test. The Fitness Test Medical Certificate must be completed within six (6) months of the Physical Fitness testing date.

Attached to this form is a listing of the minimum physical fitness standards a candidate must attain. We ask that your evaluation be based upon these criteria. Thank you for your assistance.

### PHYSICIAN'S STATEMENT

I have examined the above-named individual on \_\_\_\_\_  
(Date)

After reviewing each of the four (4) events, I find him/her to be of sufficient physical conditioning to allow the candidate to participate in the **LINCOLN** Police Department and RIDPS/MPTA Physical Fitness Test.  
(name of department)

Comments (if any): \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

(Please type or print:)

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## Physical Fitness Assessment 40th Percentile

### 1 Minute Push-Up

	Age<20	20-29	30-39	40-49	50-59
Male	29.0	29.0	24.0	18.0	13.0
Female	15.0	15.0	11.0	9.0	n/d

### 1.5 Mile Run-Aerobic Power

	Age<20	20-29	30-39	40-49	50-59
Male	12:38	12:38	12:58	13:50	15:06
Female	14:50	14:50	15:43	16:31	18:18

### 1 Minute Sit-up test

	Age<20	20-29	30-39	40-49	50-59
Male	41.0	38.0	35.0	29.0	24.0
Female	32.0	32.0	25.0	20.0	14.0

### 300 Meter Run

	Age<20	20-29	30-39	40-49	50-59
Male	59.0	59.0	58.9	72.0	83.2
Female	71.0	71.0	79.0	94.0	n/d



**LINCOLN POLICE DEPARTMENT**  
100 Old River Road, Lincoln, RI 02865

**PERSONAL HISTORY STATEMENT**

THIS DOCUMENT IS FOR THE EXCLUSIVE USE OF THE BACKGROUND INVESTIGATORS  
PRINT CLEARLY

Today's Date: \_\_\_\_\_ Location: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

List your current address where you actually reside, not a mailing address:

Number and Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rent	Own	Parents	Other	How long have you lived there?	Yrs	Mo.

List your landlord and phone number: \_\_\_\_\_

List your home and work phone numbers including area code:  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

List your mailing address if different from your current address:  
Number and Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is Voluntary. The SSN will be used for identification purposes to ensure proper records are obtained.

SSN# \_\_\_\_\_

Provide the following for purposes of identification:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Print name \_\_\_\_\_

List and describe all tattoos (indicate where they are located):

---

---

---

List all names, aliases, nicknames you have used or have been known by (include maiden name):

Last First Middle Years Used:

---

---

---

## EDUCATION

Check all that apply:

\_\_\_\_ Two-year college degree NOT in law enforcement. \_\_\_\_ Masters Degree IN law enforcement.  
\_\_\_\_ Two-year college degree IN law enforcement. \_\_\_\_ Masters Degree Not in law enforcement.  
\_\_\_\_ Four-year college degree NOT in law enforcement. \_\_\_\_ Other  
\_\_\_\_ Four-year college degree IN law enforcement.

College: City and State: Major: Date Began: Date Ended: Credits: Degree:

---

---

---

---

---

Print Name \_\_\_\_\_

Have you ever attended a trade, vocational or business school?		Yes _____	No _____
School:	Type of training:	Date attended:	Course completed:
_____	_____	_____	_____
		Yes	No
		Yes	No

High School Attended including graduation date: \_\_\_\_\_

### EXPERIENCE AND EMPLOYMENT

**BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, please list EVERY job, including military service, you have held in the last ten years. All time periods must be accounted for. Jobs include self-employed, part time, temporary work, voluntary work and internships. You must list all employment regardless of the length of employment. Addresses must be complete, current, and accurate. If you have had intervening periods of unemployment, please list those periods in sequence in the spaces provided.**

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____ To _____	

Print Name \_\_\_\_\_

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____	To _____

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____	To _____

Print Name \_\_\_\_\_

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____	To _____

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____	To _____

Print Name \_\_\_\_\_

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____ To _____	

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____ To _____	

Print Name \_\_\_\_\_

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____	To _____

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____	To _____

Print Name \_\_\_\_\_

Dates of Employment:		Name and address of employer:	Phone number and area code:
From:	To:	_____	_____
Month/Year	Month/Year	_____	Supervisor's Name:
____/____	____/____	_____	_____
Job Title: _____		Length of Employment: _____	
Describe your duties: _____			
Reason for leaving, be specific: _____			
Co-worker: _____		Work or home telephone number: _____	
Co-worker: _____		Work or home telephone number: _____	
_____ Unemployed?		From _____	To _____

Have you ever been investigated by your employer or supervisor for improper conduct, illegal activities, sexual harassment or Equal Employment Violations which resulted in your being found in violation of any policies, regulations, rules, or any State or Federal laws?	
Yes _____ No _____	If yes, please provide the following information:
Date: _____ Employer: _____	
Details and results of the investigation:	
_____	
_____	

Have you ever been suspended by an employer or received a formal written reprimand?		
Yes _____ No _____	Explain.	
Date:	Employer:	Circumstances:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Name \_\_\_\_\_

Have you ever attended a police academy or a law enforcement training center?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain.

Name and address of site: \_\_\_\_\_ Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you complete the training? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PRIOR APPLICATION

Have you ever applied to the Lincoln Police Department before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the following information:

Date applied: \_\_\_\_\_ Position: \_\_\_\_\_

Date applied: \_\_\_\_\_ Position: \_\_\_\_\_

### APPLICATIONS WITH OTHER AGENCIES

Have you ever applied to any other law enforcement agency? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list every agency, starting with the most recent one. DO NOT INCLUDE THIS APPLICATION.

Agency including address: \_\_\_\_\_ Date applied: \_\_\_\_\_

\_\_\_\_\_ Position: \_\_\_\_\_

Agency including address: \_\_\_\_\_ Date applied: \_\_\_\_\_

\_\_\_\_\_ Position: \_\_\_\_\_

Print Name \_\_\_\_\_

Agency including address: _____	Date applied: _____
_____	Position: _____

Agency including address: _____	Date applied: _____
_____	Position: _____

Agency including address: _____	Date applied: _____
_____	Position: _____

Agency including address: _____	Date applied: _____
_____	Position: _____

Print Name\_\_\_\_\_

### MILITARY SERVICE

Did you comply with the draft registration law? Yes\_\_\_\_\_ No\_\_\_\_\_

Selective Service Number:\_\_\_\_\_

Have you ever served in any of the Armed Forces, National Guard or military reserves?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, what is your current status with the military?

Active\_\_\_\_\_ Reserves\_\_\_\_\_ Inactive\_\_\_\_\_ Discharged\_\_\_\_\_

Branch:

Unit:

Enlistment date:

Discharge date:

Service number:

Highest rank:

Rank at discharge: Type of discharge:

Separation code:

Re-enlistment code:

If active or current reserve, list your C.O.'s name

Were you ever investigated for any criminal activity while in the military or military reserves?

Yes\_\_\_\_\_ No\_\_\_\_\_ Explain, if yes:

Have you ever been reduced in pay grade or been subject of any judicial or non-judicial disciplinary action while in the military,

National Guard or military reserves?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please explain.

Date:

Violation:

Penalty:

Did you receive an honorable discharge? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain.

\_\_\_\_\_  
\_\_\_\_\_

### LEGAL

Have you ever been convicted of a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever admitted in any court of law to having committed a criminal offense? Including a plea of **NOLO**? Yes \_\_\_\_\_ No \_\_\_\_\_

**ATTENTION** Pursuant to Rhode Island General Law 12-1.3-4, Police applicants must disclose expunged records!

The following information must be provided if you have had any expungements.

Date: \_\_\_\_\_ Police Agency: \_\_\_\_\_ Charge: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act? Yes \_\_\_\_\_ No \_\_\_\_\_ This includes charges that were dismissed, dropped or reduced. If yes, please provide the following information. Start with most recent.

Date: \_\_\_\_\_ Charges: \_\_\_\_\_ Police Agency: \_\_\_\_\_ Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Circumstances: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Charges: \_\_\_\_\_ Police Agency: \_\_\_\_\_ Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Circumstances: \_\_\_\_\_

\_\_\_\_\_

Print Name \_\_\_\_\_

Date:	Charges:	Police Agency:	Results:
_____			
_____			
Circumstances:			
_____			

Date:	Charges:	Police Agency:	Results:
_____			
_____			
Circumstances:			
_____			

Have you ever applied for a permit to carry a concealed weapon? Yes___ No___ If yes, explain.	
_____	
_____	
Date applied: _____	Permit granted: Yes___ No___ Weapon: _____
Name of agency where applied: _____	
For what purpose? _____ Was it revoked? Yes___ No___	

Print Name \_\_\_\_\_

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Ever had a judgment rendered against you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes to either question,  
provide the following.

Date: \_\_\_\_\_ Court location: \_\_\_\_\_

Plaintiff \_\_\_\_\_ Defendant \_\_\_\_\_

Details: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Court location: \_\_\_\_\_

Plaintiff \_\_\_\_\_ Defendant \_\_\_\_\_

Details: \_\_\_\_\_  
\_\_\_\_\_

Have you ever sold or supplied any form of illegal drug, narcotic or substance including  
marijuana? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever manufactured any form of drug, narcotic or controlled substance?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever cultivated, grown or attempted to grow marijuana?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever taken any form of illegal drug, narcotic or substance, including steroids?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever remained at a private gathering or party where illegal drugs or narcotics were  
being used? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever allowed someone to use illegal drugs or narcotics including marijuana at your  
Residence or in your vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**IF YES, EXPLAIN ON PAGE 23**

Print Name \_\_\_\_\_

### TRAFFIC HISTORY/MOTOR VEHICLE OPERATION

Rhode Island driver's license number: \_\_\_\_\_ Class or type: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Name in which license was granted: \_\_\_\_\_

Other names used (maiden name) \_\_\_\_\_

List other States where you have held a valid operator's license:

State: \_\_\_\_\_ Under what name? \_\_\_\_\_

License number: \_\_\_\_\_

State: \_\_\_\_\_ Under what name? \_\_\_\_\_

License number: \_\_\_\_\_

Has your driver's license ever been suspended, revoked or placed on negligent operator's probation by any state?

Yes \_\_\_\_ No \_\_\_\_ Explain.

Have you ever received a traffic citation? Yes \_\_\_\_ No \_\_\_\_ If yes, list all citations in the last ten years, most current first.

Month/Year	Violation	City/State	Resulting Action

Print Name \_\_\_\_\_

List all vehicles that you own and or that are registered to you. Include vehicles you frequently use:

Year	Make/Model	Color	License#/State	Currently Registered?
				Yes _____ No _____
				Yes _____ No _____
				Yes _____ No _____
				Yes _____ No _____
				Yes _____ No _____

As a driver, have you ever been involved in a motor vehicle accident? Yes\_\_\_ No\_\_\_  
If yes, provide the following information.

Date: \_\_\_\_\_ City/State: \_\_\_\_\_ Were you considered at fault? Yes\_\_\_ No\_\_\_ Unk\_\_\_

Was there a report taken? Yes\_\_\_ No\_\_\_

Did you cause injury to another person? Yes\_\_\_ No\_\_\_

Was the accident a hit and run? Yes\_\_\_ No\_\_\_

Were you cited or arrested? Yes\_\_\_ No\_\_\_

Police Department: \_\_\_\_\_

Date: \_\_\_\_\_ City/State: \_\_\_\_\_ Were you considered at fault? Yes\_\_\_ No\_\_\_ Unk\_\_\_

Was there a report taken? Yes\_\_\_ No\_\_\_

Did you cause injury to another person? Yes\_\_\_ No\_\_\_

Was the accident a hit and run? Yes\_\_\_ No\_\_\_

Were you cited or arrested? Yes\_\_\_ No\_\_\_

Police Department: \_\_\_\_\_

Print Name \_\_\_\_\_

Date: _____	City/State: _____	Were you considered at fault? Yes _____ No _____ Unk _____
Was there a report taken?	Yes _____ No _____	
Did you cause injury to another person?	Yes _____ No _____	
Was the accident a hit and run?	Yes _____ No _____	
Were you cited or arrested?	Yes _____ No _____	
Police Department: _____		

Date: _____	City/State: _____	Were you considered at fault? Yes _____ No _____ Unk _____
Was there a report taken?	Yes _____ No _____	
Did you cause injury to another person?	Yes _____ No _____	
Was the accident a hit and run?	Yes _____ No _____	
Were you cited or arrested?	Yes _____ No _____	
Police Department: _____		

Rhode Island Law requires that drivers and owners of vehicles be covered by automobile liability insurance. Please list.	
Company: _____	Telephone Number: _____
Policy Number: _____	Expiration Date: _____

Print Name \_\_\_\_\_

### RESIDENCE

List all of your residences during the last ten (10) years. List no information prior to your 15<sup>th</sup> birthday. Begin with your most current residence:

Current address:	City/State:	Since:
<hr/>		
With whom do you live:		
<hr/>		
Landlord:		
<hr/>		

Previous address:	City/State:
<hr/>	
With whom did you live:	From: To:
<hr/>	
Landlord:	
<hr/>	

Previous address:	City/State:
<hr/>	
With whom did you live:	From: To:
<hr/>	
Landlord:	
<hr/>	

Print Name \_\_\_\_\_

Previous address:	City/State:	
_____		
With whom did you live:	From:	To:
_____		
Landlord:		
_____		

Previous address:	City/State:	
_____		
With whom did you live:	From:	To:
_____		
Landlord:		
_____		

Previous address:	City/State:	
_____		
With whom did you live:	From:	To:
_____		
Landlord:		
_____		

Previous address:	City/State:	
_____		
With whom did you live:	From:	To:
_____		
Landlord:		
_____		

Print Name \_\_\_\_\_

Please list as references three (3) individuals you have known for at least two (2) years who have knowledge of you and your qualifications. Examples can be personal friends, fiancée, boyfriend, girlfriend, friends of the family, roommates, teachers, neighbors, classmates, co-workers, past supervisors and military supervisors or acquaintances. DO NOT include relatives or family members.

Name:	Address:	Work _____ Home _____
<hr/>		
Work Number:	Home Number:	
<hr/>		
Occupation:	Relationship:	How long:
<hr/>		

Name:	Address:	Work _____ Home _____
<hr/>		
Work Number:	Home Number:	
<hr/>		
Occupation:	Relationship:	How long:
<hr/>		

Name:	Address:	Work _____ Home _____
<hr/>		
Work Number:	Home Number:	
<hr/>		
Occupation:	Relationship:	How long:
<hr/>		

Print Name \_\_\_\_\_

List any additional experience or qualifications you have which may be beneficial:

List any additional experience or qualifications you have which may be beneficial

Print Name \_\_\_\_\_

**In your own PRINTING, please print an autobiography and state your reasons for wanting to be a police officer in the Town of Lincoln. DO NOT GO BEYOND THIS PAGE.**

This image shows a single page of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Print Name \_\_\_\_\_

Use this page as an addendum or supplemental to any question you respond to. Please indicate the page number.

This image shows a single page of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Print Name \_\_\_\_\_

I understand that any conditional job offer or appointment tendered me will be contingent upon the results of a thorough background investigation.

I further understand that during the application process and or background investigation, I am required to report to the Lincoln Police Department Detective Division any changes in my personal history covered in the Personal History Statement.

Prior to submitting my Personal History Statement, I reviewed it carefully for truthfulness, completeness and accuracy.

I hereby certify that all statements made in the Personal History Statement are true and complete and I understand that any discrepancies, misstatements, omissions and or falsifications will be cause for disqualification and for my name to be removed from the eligible list or will be cause for further review and/or dismissal if an appointment was made.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Full  
Signature: \_\_\_\_\_

**OFFICIAL USE ONLY**

Personal History Statement accepted  
by: \_\_\_\_\_